Approved for use through 1/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/656,647			ing Date 04/2003	To be Mailed
APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY ☑ OR SMALL ENTITY											
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	ı	N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		N/A		l	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A		l	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =				X \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 ional 50 :	er, the applica for small entit sheets or fract	ings exceed 100 tion size fee due y) for each ion thereof. See 7 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						ı					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMS HIGHEST											
AMENDMENT	02/15/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 7	Minus	·· 20	= 0	ı	X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 1	Minus	3	- 0	ı	X \$110 =	0	OR	X S =	
	Application Size Fee (37 CFR 1.16(s))										
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15(i))		Minus		-	ı	× s =		OR	x s =	
Δ	Independent (37 CFR 1 16(h))	•	Minus	***	-	ı	x s =		OR	x s =	
ENDME	Application Size Fee (37 CFR 1.16(s))					ı					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))					ı			OR		
									OR	TOTAL ADD'L FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The critication of increasting is growing that 37 CETS Life To independents are unserted nothing or estate a harveil fit the uniformation is formation.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USF 1.16. This collection of collection of collection of the public which is to life (and by the USF 1.16. This collection is estimated to bette 2 in minutes to complete, including gathering preparing, and submitting the completed application form to the USF10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing the burden, should be sent to the Chief information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commons P.O. Box 1496, Alexandria, V. 2231-9. Box 0.0 NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS SEND TO Commissioner for Patients, S.O. Box 1499, Alexandria, V. 2231-31.31-3150.